

Supplemental Registration

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Adoptions | Adoption Registry | Paternities
| Amendments | Legal Name Change | Disinterment Permits

Topics

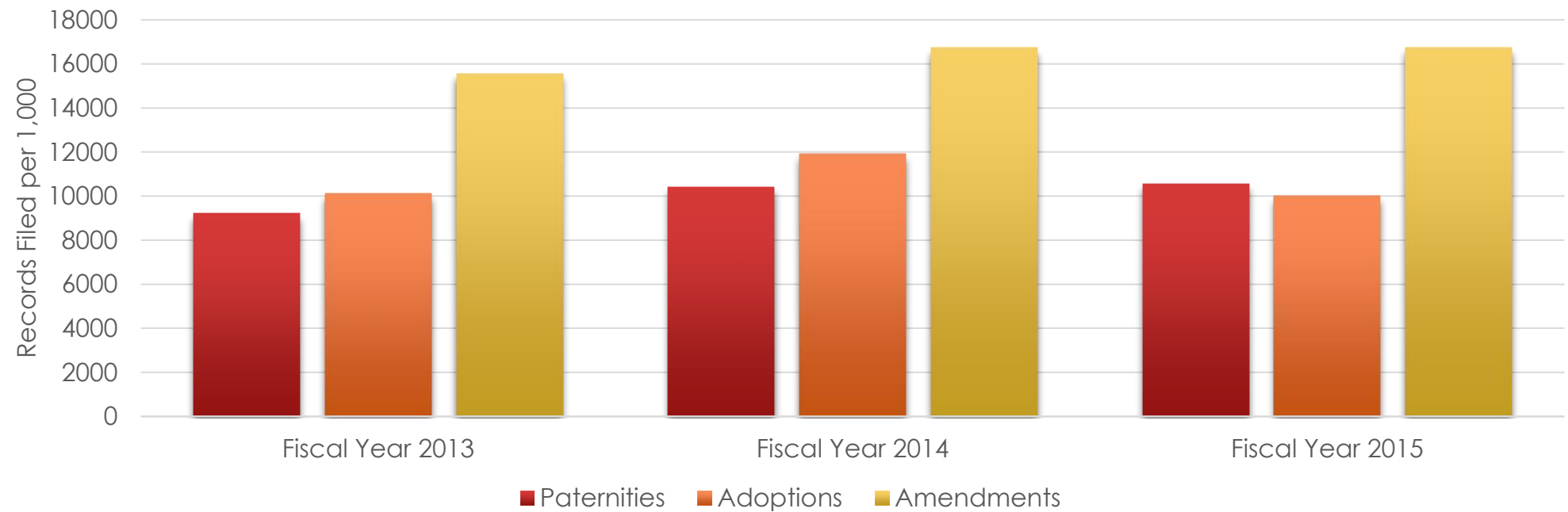
Health and Safety Code

Sec. 192.006. Supplementary Birth Certificates

- (a) A supplementary birth certificate may be filed if the person who is the subject of the certificate:
 - (1) Becomes the child of the person's father by the subsequent marriage of the person's parents;
 - (2) Has the person's parentage determined by a court of competent jurisdiction; or
 - (3) Is adopted under the laws of any state.
- (b) An application for a supplementary birth certificate may be filed by:
 - (1) An adult whose status is changed; or
 - (2) A legal representative of the person whose status is changed.
- (c) The state registrar shall require proof of the change in status that the executive commissioner by rule may prescribe.
- (d) Supplementary birth certificates and applications for supplementary birth certificates shall be prepared and filed in accordance with department rules.
- (e) In accordance with department rules, a supplementary birth certificate may be filed for a person whose parentage has been determined by an acknowledgment of paternity.

Statistics

Chart Title





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Adoptions

Processing In-House

▶ **Index Request**

- Review submitted documents & fees for acceptability

▶ **Pull Books**

- Gather original Birth Certificates

▶ **Data entry**

- Submit for QA review & release

▶ **Create Sealed File**

▶ **Print & Mail Certificates**



Basic Requirements

- In order to file a new birth record based upon an adoption, the applicant must submit at least the \$25.00 filing fee. An Additional \$22.00 Issuance fee for a certified copy of new Birth Certificate
- The applicant must also submit a properly prepared Certificate of Adoption that has been certified by the district clerk of the court that granted the adoption OR a Certified Copy of the Adoption Decree with a properly prepared Certificate of Adoption.
- If the CAR fee of \$15.00 is not included with the Certificate of Adoption, we are to assume that the CAR fee has been previously paid by a separate remittance or is an out of state adoption.

Forms

VS160

Documents

Adoption
Decree

Fees

\$47 or \$62

Health and Safety Code

Sec. 192.009. Certificate Of Adoption, Annulment Of Adoption, Or Revocation Of Adoption

- (a) A certificate of each adoption, annulment of adoption, and revocation of adoption decreed in this state shall be filed with the state registrar.
- (b) When a petition for adoption, annulment of adoption, or revocation of adoption is granted, the petitioner shall supply the clerk of the court the information necessary to prepare the certificate. The clerk shall:
 - (1) Prepare the certificate on a form furnished by the department that provides the information prescribed by the department; and
 - (2) Complete the certificate immediately after the decree becomes final.
- (c) Not later than the 10th day of each month, the clerk shall forward to the state registrar the certificates that the clerk completed for decrees that became final in the preceding calendar month.

If the v department determines that a certificate filed with the state registrar under this section requires correction, the department shall mail the certificate directly to an attorney of record with respect to the petition of adoption, annulment of adoption, or revocation of adoption. The attorney shall return the corrected certificate to the department. If there is no attorney of record, the department shall mail the certificate to the clerk of the court for correction.

SECTION 1 PLEASE FURNISH THE BIRTH CERTIFICATE INFORMATION CURRENTLY ON FILE IN THE VITAL STATISTICS OFFICE. THIS INFORMATION IS NECESSARY TO LOCATE THE BIRTH CERTIFICATE

ORIGINAL BIRTH INFORMATION	1. NAME OF CHILD (BEFORE THIS ADOPTION) FIRST MIDDLE LAST			2. DATE OF BIRTH (mm/dd/yyyy)	3. SEX
	4. TIME OF BIRTH	5. NAME OF HOSPITAL		6. CITY	7. COUNTY
	8. STATE OR FOREIGN COUNTRY				
9. PARENT FIRST MIDDLE LAST MAIDEN			10. PARENT FIRST MIDDLE LAST MAIDEN		

SECTION 2 PLEASE ENTER THE INFORMATION AS IT IS TO APPEAR ON THE NEW BIRTH RECORD. All information below MUST be provided or a new birth certificate cannot be completed. Single-Parent Adoption – Complete Only The Appropriate Information Regarding The Adopting Parent

11. Is This a Step-Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Is This a Single Parent Adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Do You Want The Birth Record Changed Based on the Adoption Decree? <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT		
<input type="checkbox"/> Adoptive	14. TITLE OF PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	<input type="checkbox"/> PARENT
<input type="checkbox"/> Biological	15. NAME OF PARENT FIRST MIDDLE CURRENT LAST NAME LAST NAME BEFORE MARRIAGE	
	16. DATE OF BIRTH	17. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)
	18. PARENT'S SOCIAL SECURITY NO. (WILL NOT APPEAR ON THE BIRTH CERTIFICATE)	
PARENT		
<input type="checkbox"/> Adoptive	19. TITLE OF PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	<input type="checkbox"/> PARENT
<input type="checkbox"/> Biological	20. NAME OF PARENT FIRST MIDDLE CURRENT LAST NAME LAST NAME BEFORE MARRIAGE	
	21. DATE OF BIRTH	22. PLACE OF BIRTH (STATE OR FOREIGN COUNTRY)
	23. PARENT'S SOCIAL SECURITY NO. (WILL NOT APPEAR ON THE BIRTH CERTIFICATE)	
PARENT(S) ADDRESS AT THE TIME OF CHILD'S BIRTH	24. STREET ADDRESS CITY COUNTY STATE ZIP	25. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT(S) CURRENT ADDRESS	26. STREET ADDRESS CITY STATE ZIP	27. PARENT(S) TELEPHONE NUMBER:

SECTION 4 CERTIFICATION OF THE COURT Please complete the child's name as set forth in the Decree of Adoption

46. NAME OF THE CHILD AS SET FORTH IN THE ADOPTION DECREE:

FIRST	MIDDLE	LAST

47. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS STATED IN THE DECREE OF ADOPTION WHICH WAS GRANTED ON _____ DAY OF _____ IN THE _____ COURT OF _____ COUNTY, TEXAS IN CAUSE # _____

DISTRICT CLERK'S SIGNATURE

STATE OF TEXAS CERTIFICATE OF ADOPTION THIS IS A PERMANENT RECORD – PLEASE TYPE OR PRINT ONLY

SECTION 1 PLEASE FURNISH THE BIRTH CERTIFICATE INFORMATION CURRENTLY ON FILE IN THE VITAL STATISTICS OFFICE. THIS INFORMATION IS NECESSARY TO LOCATE THE BIRTH CERTIFICATE

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	4. TIME OF BIRTH	5. NAME OF HOSPITAL		6. CITY	7. COUNTY
	8. STATE OR FOREIGN COUNTRY				
9. PARENT FIRST MIDDLE LAST MAIDEN			10. PARENT FIRST MIDDLE LAST MAIDEN		

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PARENT		
<input type="checkbox"/> Adoptive	14. TITLE OF PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	<input type="checkbox"/> PARENT
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PARENT		
<input type="checkbox"/> Adoptive	19. TITLE OF PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER	<input type="checkbox"/> PARENT
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PARENT(S) ADDRESS AT THE TIME OF CHILD'S BIRTH	24. STREET ADDRESS CITY COUNTY STATE ZIP	25. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT(S) CURRENT ADDRESS	26. STREET ADDRESS CITY STATE ZIP	27. PARENT(S) TELEPHONE NUMBER:

SECTION 3 PLEASE PROVIDE THE INFORMATION BELOW FOR THE CENTRAL ADOPTION REGISTRY

CENTRAL ADOPTION REGISTRY INFORMATION	1. FULL NAME OF CHILD (LAST, FIRST, MIDDLE)	2. DATE OF BIRTH (MM/DD/YYYY)	3. SEX
ATTORNEY	4. NAME OF ATTORNEY	5. ADDRESS OF ATTORNEY	6. TELEPHONE NUMBER
PLACING AGENCY OR MARRIAGE CONSERVATOR	7. NAME OF AGENCY OR CONSERVATOR	8. ADDRESS OF AGENCY OR CONSERVATOR	9. TELEPHONE NUMBER

SECTION 4 CERTIFICATION OF THE COURT Please complete the child's name as set forth in the Decree of Adoption

46. NAME OF THE CHILD AS SET FORTH IN THE ADOPTION DECREE:

FIRST	MIDDLE	LAST

47. I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AS STATED IN THE DECREE OF ADOPTION WHICH WAS GRANTED ON _____ DAY OF _____ IN THE _____ COURT OF _____ COUNTY, TEXAS IN CAUSE # _____

DISTRICT CLERK'S SIGNATURE

VS-160 REV 8/2015

VS160
Certificate of Adoption

VS160

Certificate of Adoption

A diagram on the left side of the slide shows three colored rectangular boxes stacked vertically, each preceded by a white circle. A red line starts from the top left, passes through the circles, and ends at the bottom left. The boxes are yellow (Section 1), teal (Section 2), and orange (Section 3).

Section 1.

Section 2.

Section 3.

- **Section One** - The original or current/existing birth information must be completed for VSU to locate the correct birth record.
- **Section Two** - To prepare the new birth record the CA must include all parent(s) information even if they are a biological parent.
- **Section Four** - The clerk of the court certifying the CA must complete the name of the child in Item 44 whether the name remains the same or is changed by the decree.

Foreign Adoptions

- ▶ Texas Vital Statistics only accepts court orders from the United States. Texas residents who adopt children from other countries must have the adoption validated through a Texas court.
- ▶ If a Texas born child is adopted in a foreign country, any court located in the United States can validate the foreign decree of adoption. It does not have to be a federal court or a Texas court.

Sample Forms for Foreign Adoption Validation

Example of Validation Petition

NO _____

EX PARTE _____ IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

ET UX _____ COUNTY, TX

APPLICATION FOR ORDER RECOGNIZING VALIDITY OF FOREIGN DECREE OF ADOPTION,
NOTARIAL ACT OF ADOPTION, *AND FOR CHANGE OF NAME
TO THE HONORABLE JUDGE OF SAID COURT:

Now come _____ and wife, _____,
hereinafter called Petitioners, and respectfully show the Court the Following:

I. That heretofore on the _____ day of _____, 20 ____, your petitioners
obtained a Decree of Adoption for the minor child, _____ born
on _____ in the Country of _____, in a Court of competent jurisdiction in
the country of _____, which Decree as a matter of comity is entitled
to recognition under the laws of the State of Texas.

II. A photostatic copy of the official translation of said Decree of Adoption is attached
hereto and made a part hereof for all purposes.

III. It is in the best interest and welfare of said child that an appropriate order be
made and entered by the Court permitting the issuance of a Birth Certificate for said
child by the State Registrar of the Bureau of Vital Statistics of the State of Texas.

IV. It is in the best interest of said child that his/her name be changed from
_____ to _____.

Wherefore, premises considered, your petitioners pray that this honorable Court make
and enter its order recognizing said adoption as valid and of full force and effect in
the State of Texas, * that the name of said child be changed to
_____, and for such other and further orders as the
Court may deem proper to grant.

Attorney for the Petitioners
* when applicable
Rev. 7/2009
166.531

Example of Validation Order

NO _____

EX PARTE _____ IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT

ET UX _____ COUNTY, TX

On this the _____ day of _____, 20 ____, came on to be heard the
application of _____ and his wife, _____, in
the above entitled and numbered cause; and upon hearing thereon, and evidence
having been presented to the Court, the Court FINDS that petitioners have heretofore
on the _____ day of _____, 20 ____, in a _____ Court of
competent jurisdiction duly adopted the minor child, _____ born on
_____ in the Country of _____. The Court further FINDS that
all of the prerequisites of the law have been fully complied with by petitioners and
that said _____ order of adoption was and is legally valid and
of full force and effect under the laws of the United States of America and of the
State of Texas. The Court further FINDS that the best interest and welfare of said minor
child requires that the following order be entered of record in order that the Birth
Certificate may be issued for said child by the State Registrar of the Bureau of Vital
Statistics of the State of Texas.

It is therefore ORDERED, ADJUDGED and DECREED by the Court that the
_____ adoption proceedings by which the petitioners
_____ and his wife, _____, be and the same are
hereby recognized by the Court as valid and of full force and effect in the State of
Texas; that said adoption is hereby approved and accorded the same validity and
dignity as though originally granted by this Court.

*It is further ORDERED, ADJUDGED and DECREED that the name of said child be and
the same is hereby changed from:

_____ to _____.

SIGNED THIS _____ DAY OF _____, 20 ____.

Judge Presiding
*when applicable
Rev. 7/2009
166.532

Adoption Requests Rejections & Concerns

- The name of child not being listed or being altered in the Adoption Decree or CA .
- The maiden name of the adoptive AND/OR biological mother is not listed on the CA.
- Section 4 of the CA is not certified, has whiteout or is marked through.
- Court orders are not certified.
- In the case of a step-parent adoption
 - the biological parent's information has been omitted in Section Two of the CA and or as a petitioner in the Adoption Decree.


Sealed File Opening Process

1. VSU - If you do not know the Identity of Court you will need to submit an Application For Identity of Court of Adoption to VSU along with a copy of your government issued photo identification. Processing time – 4 weeks.
2. Court - The court that granted the adoption is the only court that can order VSU to open the adoption.
3. VSU - Once the sealed filed opening is granted by the court of adoption, a certified copy of the court order should be submitted to VSU along with the fee of \$10 and a copy of your government issued photo identification. Processing time – 4 weeks.

VS143

Application for Identity of Court of Adoption

ZZ 708-153


APPLICATION FOR IDENTITY OF COURT OF ADOPTION

PLEASE PRINT AND INCLUDE A PHOTOCOPY OF A VALID PHOTO ID WITH YOUR REQUEST

1. Full Adoptive Name of Person on Record	First Name	Middle Name	Last Name
2. Date of Birth	Month	Day	Year
3. Sex			
4. Place of Birth	City or Town	County	State
5. Full Name of Adoptive Father	First Name	Middle Name	Last Name
6. Full Name of Adoptive Mother	First Name	Middle Name	Maiden Name

7. YOUR NAME: _____ & TELEPHONE # (_____) _____
(MON-FRI 8:00-5:00)

9. MAILING ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

Your Signature _____ Date of Application _____

INSTRUCTIONS:
Please mail:

- this application
- \$10 payment by check or money order
- a photocopy of valid photo ID

TO:
Texas Vital Records
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040

VS-143 12/2005

Health and Safety Code

Sec. 192.008. Birth Records Of Adopted Person

- (a) The executive commissioner shall adopt rules and procedures to ensure that birth records and indexes under the control of the department or local registrars and accessible to the public do not contain information or cross-references through which the confidentiality of adoption placements may be directly or indirectly violated. The rules and procedures may not interfere with the registries established under Subchapter E, Chapter 162, Family Code, or with a court order under this section.
- (b) Except as provided by Subsections (e) and (f), only the court that granted the adoption may order access to an original birth certificate and the filed documents on which a supplementary certificate is based.
- (c) A person applying for access to an original birth certificate and the filed documents on which the supplementary certificate is based is entitled to know the identity and location of the court that granted the adoption. If that information is not on file, the state registrar shall give the person an affidavit stating that the information is not on file with the state registrar. Any court of competent jurisdiction to which the person presents the affidavit may order the access.
- (d) An adult adoptee who is applying for access to the person's original birth certificate and who knows the identity of each parent named on the original birth certificate is entitled to a noncertified copy of the original birth certificate without obtaining a court order.



**VITAL STATISTICS UNIT
ADULT ADOPTEE APPLICATION
NON-CERTIFIED COPY OF ORIGINAL BIRTH CERTIFICATE**

OFFICE USE ONLY
Remit No.
ZZ 708-153

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK.

Your Full Name after Adoption	First Name	Middle Name	Last Name
Date of Birth	MM/DD/YYYY		
Place of Birth	City or Town	County	State
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Full Name of Adoptive Father	First Name	Middle Name	Last Name
Full Maiden Name of Adoptive Mother	First Name	Middle Name	Maiden Name
Full Name of Father on original record (if listed)	First Name	Middle Name	Last Name
Full Name of Birth Mother as listed on original record	First Name	Middle Name	Maiden Name

APPLICANT NAME:	DAYTIME PHONE: () -
MAILING ADDRESS:	CELLPHONE: () -
STREET or PO BOX NUMBER	E-MAIL ADDRESS:
CITY STATE ZIP	

Signature _____ Date _____

Form of ID submitted _____

MAIL COMPLETED APPLICATION, A CHECK OR MONEY ORDER FOR \$10.00* PAYABLE TO DSHS PLUS A COPY OF A VALID GOVERNMENT ISSUED PHOTO ID TO:

Department of State Health Services
Texas Vital Statistics
P.O. Box 12040
Austin, TX 78711-2040

*Fee for searching records is non-refundable and may not be applied to other Vital Statistics' services if a record cannot be located.

WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003)

Original Birth Certificate of an Adult Adoptee

Processing Time – 4 Weeks

Reminders

- ▶ When a replacement record is received by the local registrar you do not return the original record to the state. You can destroy the record.
- ▶ Please download the latest revision of the CA – VS 160. This will enhance the number of adoptions that are ready to file when received.
- ▶ Foreign Adoptions – You MUST be a current resident of Texas or have been a Texas resident at the time of adoption.
- ▶ Court orders must have original certification.
- ▶ The name of the child in Section Four, Item 44 cannot have any whiteouts, write-overs, alterations, or be left blank.
- ▶ The Texas Health and Safety Codes 192.009.b and 192.009c states that “all” CA's will be forwarded to VSU. VSU will forward the CA's for any out of state births to the appropriate state(s).
- ▶ NOTE: Court orders and/or Certificates of Adoption must identify the child.

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512-776-7388, 888-963-7111 ext. 7388

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Crystal Castro, Team Lead Assistant

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Crystal.Castro@dshs.state.tx.us

Voluntary Central Adoption Registry (CAR)

The Central Adoption Registry



Purpose

- ▶ The Texas Vital Statistics Central Adoption Registry is part of a voluntary mutual-consent registry system mandated during the State of Texas' 68th Legislative Session in 1983. It enables an adult adoptee, birth parent, or sibling to place his or her name on the registry and to locate other family members who are also registered.
- ▶ We are unique in that we have the authority, without a court order, to view a sealed or confidential record. This allows us to authenticate a match between two biologically related people.

The Central Adoption Registry

Eligibility

The Central Adoption Registry system is open to the following persons who are 18 years or older:

- ▶ Adoptees (born and/or placed for adoption in Texas)
- ▶ Birth parents
- ▶ Biological siblings

The Central Adoption Registry

Registration

Requirements

1. Complete an application.
2. Submit a copy of a photo ID issued by a government entity. If your name has changed due to marriage, or if you are a sibling, provide a copy of your own birth certificate, as well.
3. Submit a \$30 check or money order, payable to DSHS, to:

▶ Central Adoption Registry
Department of State Health Services
P.O. Box 149347
Austin, TX 78714-9347

The Central Adoption Registry



▶ The Match

- ▶ **How does it work?**
The Central Adoption Registry system provides an avenue for adult adoptees, birth parents, and biological siblings to locate one another without having to go through the court system or spend excessive amounts of time and effort trying to find each other through other sources. The registry does not require registration, and you have the right to refuse to participate in any registry.
- ▶ A match occurs when an adopted person and his or her birth parent or a biological sibling voluntarily register. The registry releases identifying information after the participants in the match complete the following:
 - ▶ A one-hour post-adoption counseling session that educates and prepares each for the reunion.
 - ▶ A written biography or history about the participant's life with copies of photographs or other visual media.
 - ▶ The registry sends the biography to the other participant at the same time as when the identifying information is exchanged

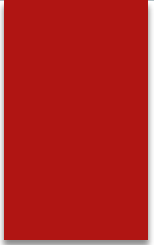
Adoption & Recognition of Same-Sex Marriage

On August 12, 2015 the Texas Department of State Health Services (DSHS) issued an Action Memorandum implementing changes to vital records for vital events in compliance with the U.S. Supreme Court ruling in *Obergefell v. Hodges* and the U.S. District Court ruling in *DeLeon v. Abbott*, regarding recognition of same-sex marriage. Included in the revised policy is the option that parents may now choose the title they wish to appear on the birth certificates. These choices include Father, Mother or Parent.

Ruled Unconstitutional

Adoption: Based of Parentage

- For adopted children who do not have both parents listed on the birth certificate:
 1. Certified copy of: Court Order of Adoption or Certificate of Adoption (Form VS-160);
 2. If using a certified copy of Court Order - VS-160 as an application, complete Section 2, items 11 through 30 and Section 4, item 46. Each parent should also sign and date in Section 4, item 47 where space permits. The district clerk does not need to sign in Section 4;
 3. Appropriate Fees; \$25 filing fee and \$22 for each copy; and
 4. If you are ordering a certified copy of the new record you will also need to complete a Form 142.3 (attached).



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512-776-7370, 888-963-7111 ext. 7370
Debbie.Chambers@dshs.state.tx.us

Ida.Cavazos, Team Lead Assistant
512-776-3224, 888-963-7111 ext. 3224
Ida.Cavazos@dshs.state.tx.us

Paternity

What is Required

VS 166

Application for a New Birth Certificate Based on Parentage

You can use this to:

- Add the biological father's name and information.
- Remove the father or mother's name and information with a court order.
- Substitute the Intended Parents in a gestational agreement.

BUDGET 22708-153

APPLICATION FOR A NEW BIRTH CERTIFICATE BASED ON PARENTAGE

This form is used to ADD, REMOVE, or REPLACE information regarding the parents listed on the original birth certificate according to an establishment of PARENTAGE or a COURT ORDER.

Child's original birth information: Type or Print in Blue/Black Ink

Full name of child as registered at birth: _____ Date of Birth: ____/____/____ Place of Birth: _____, Texas
month day year city

Father's name: _____ Mother's full maiden name: _____

We I hereby request a new birth certificate be filed as evidenced by:

PLEASE CHECK ONE OF THE FOLLOWING:

☐ Attached certified copy of court decree (must send all pages of the court order) OR

☐ A properly completed Acknowledgment of Paternity (form VS-159.1) (Date form was faxed to Vital Statistics Unit (VSU) or signed before a certified entity: _____) OR

☐ Attached certified copy of the parents' marriage license

☐ A properly completed Rescission of Acknowledgment of Paternity (form VS-158) (Date Mailed to VSU: _____)

INFORMATION TO BE PLACED ON NEW BIRTH CERTIFICATE:

FULL NEW NAME OF CHILD (may require a court order): _____
First Middle Last

Title To Appear On Birth Record: ☐ Mother ☐ Father ☐ Parent: If Mother, Full Maiden Name _____
Parent's Name: _____ Date of Birth: ____/____/____ Place of Birth: _____
First Middle Last month day year State or Foreign Country

Title To Appear On Birth Record: ☐ Mother ☐ Father ☐ Parent: If Mother, Full Maiden Name _____
Parent's Name: _____ Date of Birth: ____/____/____ Place of Birth: _____
First Middle Last month day year State or Foreign Country

WARNING: The Penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Texas Health and Safety Code, Chapter 195).

Signature of PARENT or Legal Guardian swearing to this affidavit: _____
Address: _____ city state zip code
Daytime telephone number: _____
Sworn to and subscribed before me, this ____ day of _____, 20____.

Signature of PARENT or Legal Guardian swearing to this affidavit: _____
Address: _____ city state zip code
Daytime telephone number: _____
Sworn to and subscribed before me, this ____ day of _____, 20____.

Signature of Notary Public, County Clerk, or other person authorized to administer oaths: _____
Printed name and title: _____


Signature of Notary Public, County Clerk, or other person authorized to administer oaths: _____
Printed name and title: _____

SEE REVERSE SIDE FOR INSTRUCTIONS

• The fee for filing a new birth certificate is \$25.00. An additional fee of \$22.00 must be included for a certified copy of the new birth certificate.

Mail this completed and NOTARIZED application with either the attached evidence (certified copy of court order/ marriage license), or filed an Acknowledgment of Paternity, and the required fee to:

TEXAS VITAL STATISTICS
PO BOX 12040
AUSTIN TX 78711-2040



Page 1 of 5

What other documents?

One of the following documents must be presented with the Application for a New Birth Certificate Based on Parentage:

- Certified copy of a court order that establishes paternity. This can be a court order establishing paternity or a divorce decree that establishes paternity.
- Filed Acknowledgment of Paternity.
- Marriage License of Biological parents – marriage must have occurred after the birth of the child.

More About Paternity Documents

- If using a child support order – the order must list that he is the biological father.
- Partial AOP's can be completed and submitted.
- Establishing paternity through divorce decree must verify the findings -- children of the marriage.
- An adult can sign their own Application to Amend Based on Parentage and submit a court order establishing paternity if neither parent is living.

Reasons Paternity Documents Are Rejected

- The notary only seals one side of the application.
- Seal missing from notary or notary does not sign.
- Missing parents signature(s).
- Court Orders do not specify to remove the father.
- Terminating the rights does not remove the father.
- Applications not being properly completed – items left blank pertaining to biological mother and new name of child.
- Court order and application must match.
- Child support orders – not listing biological father.
- Partial AOP's being received.
- Establishing Paternity through divorce decree must verify the finds, children of the marriage, and biological parents.
- When a recession is filed it is a separate transaction from adding the biological father.
- The father's last name on the application must match the document being used to add him to the child's record.

Reminders

- Wrong application - We are receiving a name change or amendment form rather than the Application to Amend Based on Paternity VS-166.
- NO whiteout, mark-overs, changes, etc.
- A rescission of paternity does not change the name of the child. A court order name change is required.
- If using a marriage license the marriage must have occurred after the birth of the child.
- The Application – All blanks must be completed. If information is missing it will be returned to the applicant. You can enter “unknown,” however that will often cause problems for the child when trying to obtain a passport or other legal documents.
- Father's Information – The date of birth should be that of the father, not the child.



Belinda Cochran, Team Lead
512-776-2668, 888-963-7111 ext. 2668
Belinda.Cochran@dshs.state.tx.us

Teresa Bates, Team Lead Assistant
512-776-7800, 888-963-7111 ext. 7800
Teresa.Bates@dshs.state.tx.us

Amendments

Processing Time

Amendment - Adoption - Paternity Requests



- **Expedited Orders Must** be sent to the Texas Department of State Health Services—Vital Statistics Unit, 1100 W 49th St, Austin, TX 78756 via an overnight mail service, such as: **FedEx, Lone Star Overnight, or UPS**. Do not send via USPS Priority Mail.
- Additional \$5 for expedite. \$8 return delivery for Lonestar (within Texas) or FedEx (outside of Texas) or \$19.95 for P.O. Box and express mail (optional)
- Incomplete or unacceptable applications will require additional processing time.

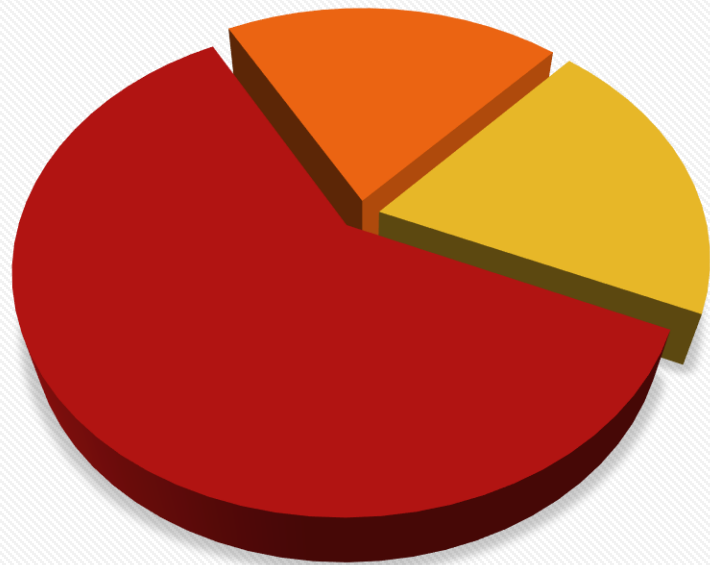
Expedited
10 -15
Business Days



Regular
6 - 8
Weeks

Statistics

Amendments Filed Fiscal 2015



■ Birth ■ Death ■ Legal Name Change

of Amendments

9767

3203

3219

Amending Birth & Death Records

- Once a birth or death certificate has been filed, it may only be corrected by presenting satisfactory evidence that a mistake was made on the original record at the time it was completed. Texas Health and Safety Code 191.028.
- § 191.028. AMENDMENT OF CERTIFICATE. (a) A record of a birth, death, or fetal death accepted by a local registrar for registration may not be changed except as provided by Subsection (b). (b) An amending certificate may be filed to complete or correct a record that is incomplete or proved by satisfactory evidence to be inaccurate. The amendment must be in a form prescribed by the department. The amendment shall be attached to and become a part of the legal record of the birth, death, or fetal death if the amendment is accepted for filing, except as provided by Section 192.011 (b). (c) Repealed by Acts 1991, 72nd Leg., ch. 14, § 54, eff. Sept. 1, 1991. Acts 1989, 71st Leg., ch. 678, § 1, eff. Sept. 1, 1989. Amended by Acts 1991, 72nd Leg., ch. 14, § 54, eff. Sept. 1, 1991.

Application

Please submit this application (VS-170), supporting document(s), and the statutory filing fee of \$15. To order a certified copy(s) of the amended record, you will need to complete the attached application (VS-142.3) and enclose the appropriate fees. Fees can be combined in one check or money order.



APPLICATION TO AMEND CERTIFICATE OF BIRTH

Submit your application and fee(s) to:
VITAL STATISTICS UNIT
DEPARTMENT OF STATE HEALTH SERVICES
P.O. BOX 12040
AUSTIN, TEXAS 78711-2040
1-888-683-7111

STATE OF TEXAS

NO.

NAME _____		
Last	First	Middle
Mailing Address _____		Telephone # _____ (8am-5pm)
City _____	State _____	Zip Code _____
Email Address _____	Signature: _____	

PART I. ENTER INFORMATION AS IT APPEARS ON THE ORIGINAL BIRTH CERTIFICATE. IF THE CHILD'S NAME DOES NOT APPEAR ON BIRTH CERTIFICATE, ENTER "NOT SHOWN" IN THE FIRST ITEM. (Type or Print)		
1. FULL NAME OF CHILD		2. DATE OF BIRTH
3. PLACE OF BIRTH	4. SEX	5. STATE FILE NO. (if known)
6. FULL NAME OF FATHER	7. FULL MAIDEN NAME OF MOTHER	

PART II. ITEM(S) ON ORIGINAL BIRTH CERTIFICATE TO BE CORRECTED. IF CORRECTING NAME, PLEASE IDENTIFY THE COMPLETE FIRST, MIDDLE, AND LAST NAME (Type or Print)		
8. LIST ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION

AFFIDAVIT OF OLDER RELATIVE

PART III. THIS SECTION MUST BE SIGNED BY THE ATTENDING PHYSICIAN, PARENTS, OR AN OLDER BLOOD RELATIVE. IF CHILD IS A MINOR, BOTH PARENTS MUST SIGN AFFIDAVIT. This section <u>MUST</u> be signed in the presence of a Notary Public.	
STATE OF TEXAS COUNTY OF _____	
Before me on this day appeared _____ (Name)	
now residing at _____ (Street Address) _____ (City)	
_____, who is related to the person named in Item I above as _____ (State)	
and who on oath deposes and says that the birth certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.	
Signature _____ Father/Legal Guardian	Signature _____ Mother/Legal Guardian/ Blood Relative, HIM Director
Sworn to and subscribed before me, this _____ day of _____, 20____	
Signature of Notary Public	
OFFICE USE ONLY	
Commission Expires	
Typed or Printed Name	
Street Address	
City and State	
WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003) VS-170 REV. 07/2015	

Page 1 of 5

- The application to Amend Certificate of Birth may be used to correct an item left blank or to correct errors made during the completion of the original birth certificate.

VS170

Application to Amend Certificate of Birth

Examples – Amend or Change?

Birth record:

Cindy Brown

William Smith

Peggy Jo Jones

Linda Ann Lopez

Arturo Torres

Jaime Ybarra

Change:

Cynthia Ann Brown

Billie Smith

Margaret Jo Jones



Maria Linda Ann Lopez

Arturo Gomez Torres



Jaime Gomez Ybarra

Amended Birth or Death Record

- The amendment becomes an addendum to the original record – a new record is not created.
- A copy of the completed amendment will be forwarded to the local registration official in the district where the birth or death occurred.

Birth Amendment Guidelines

- There are few restrictions on the name a mother may give her child.
- An item can only be changed or corrected by the amendment process one time.
- You cannot file an amendment to a birth certificate based on adoption or paternity.
- Part 1, 2, or 3 cannot be altered – no mark outs, write-over, etc.
- If the registrant signs the amendment – a supporting document is required. **Note – most amendments will require a document, no matter who signs.**
- Most times one supporting document is sufficient. Acceptable documents must be certified and show the issuing organizations name, address, date of original entry, and date issued. Depending on what is being corrected, it must also show the registrant's correct name, date of birth, and parent's names.
- If amending the parent's name it must match exactly.

Document Guidelines

Acceptable

- Baptismal Certificate
- Numident printout issued out of Baltimore, MD
- Elementary school records
- Birth certificate of older child
- Federal census
- School census record
- Affidavit of older relative
- DD-214
- Certified court order

Unacceptable

- Certificate of Naturalization
- Insurance cards & policies
- SSA printout
- *IRS printout*
- *SSA card*
- *Driver's License*
- *Death Certificate*
- *Passport*

Amendment – Affidavit Portion

Hospital Error – The affidavit portion of the amendment form should be completed by the HIM Director or Hospital Administrator. The application must be accompanied by a copy of the hospital record from the time of birth.

- An example would be when parent information is switched – mother's name on father's information and father's name where mother's name should appear.
- A parent's name where the registrant's name should appear.

Midwife Error – The amendment must be signed by the midwife. See examples under Hospital Error.

Registrant (18+) – The affidavit portion should be completed by an older blood relative. If there is not an older relative and the registrant signs it must be supported by a document.

Registrant is a minor – BOTH parents must sign the form in the presence of a notary.

Reasons Many Amendments Are Rejected

- Only one parent signed the amendment for a minor child.
- Foreign documents must have an Apostille – Apostille's are issued by the Secretary of State of the particular country. Some countries do not Apostille documents, they do a legalization. Please refer to www.apostilleinfo.com to determine if a country can Apostille or legalize a document. If the issuing country does not Apostille or legalize documents, we require a court order granted in the United States to change a record.
- Paternity order being used for a name change. Call or fax document before submitting to ensure it can be used.
- Amendment being used to add father.
- Supporting document(s) need to show correct information, date file, and date issued.
- Scratch outs and write-overs.
- Parts I, II, or III not properly completed.

Amending Registrants Information

Adding Information - Items Left Blank on the Original Certificate (This includes changing an initial to a name with the same first initial)

- Registrant zero (0) to 17 years of age..... Affidavit signed by both parents
- Adult Registrant (18 and over).....Affidavit signed by a parent or older relative

Correcting the Spelling of a First, Middle, or Last Name (Names having the same sound or diminutive and minor misspellings)

- Registrant zero (0) to 17 years..... Affidavit signed by both parents
- Adult Registrant (18 and over)..... Affidavit signed by a parent or older relative

NOTE: Not all last names that sound the same can be changed with an amendment. For clarification call our office.

Amending Registrants Information

Changing First or Middle Name(s)

(This includes changing a name to the first initial of the same name)

- Zero (0) to 17 years..... Affidavit signed by both parents **AND** one document that supports the change being requested
- Adult (18 years and older)..... Affidavit signed by a parent or older relative **AND** one document that supports the change being requested

Changing the Last Name

- Zero (0) to Adult age..... Court Ordered Name Change

Correcting the Sex When Name Identifies Gender

Examples:

Alice, Brenda, Belinda are typical Female names

Rodney, George, Stephen are typical Male names

- Registrant zero (0) to 17 years of age..... Affidavit signed by both parents
- Adult Registrant (18 and over)..... Affidavit signed by a parent or older relative

Correcting the Sex When Name Does Not Identify Gender

Examples:

**Sam, Terry, Angel, Kelly are typical Male and
Female names**

- Registrant zero (0) to 17 years of age..... Affidavit signed by both parents **AND** one supporting document
- Adult Registrant (18 and over)..... Affidavit signed by a parent or older relative **AND** one supporting document

Amending the Date of Birth

Day of Birth

- Registrants Zero (0) to 17 years Affidavit signed by both parents if both parents are listed OR legal guardian with copy of Guardianship order. And one strong supporting document.
- Adult Registrants (18 and over)..... Affidavit signed by a parent OR OLDER relative And one strong supporting document.

Month/Year of Birth

- You may amend the date of birth up to **One** year as long as the correct date of birth does not exceed the date the attendant or local registrar signed the record, **AND** one strong supporting document must be presented.
- Zero (0) to 17 years Affidavit signed by attending physician or hospital Medical Records HIM or Affidavit signed by both parents with one document supporting change.
- Adult 18 years or older Affidavit signed by birth parent(s) or old relative and one strong supporting document created within 10 years of birth *(Or created while still a minor based on age of registrant supporting the change)

Amending Parent's Information

Changing First or Middle Name(s) (Significant Changes)

- Affidavit signed by the parent affected AND one document that supports the change being requested

Changing the Last Name

- Affidavit signed by the parent affected AND one document that supports the change being requested

Double last name.....Depending on the change being requested, in most cases, the birth certificate of affected parent should be submitted. If the record is a foreign document it will have to be apostilled.

(!!Amending) Adding Married Parent to Birth Certificate

Amending a Birth Certificate –

When a parent is married prior to the birth of the child but not put on the Birth certificate

OLD

- Filed as a Paternity (Parentage) vs. Amendment

NEW

- Filed as an Amendment with attachment under original Birth Certificate
- If the last name of the child needs to be changed to match the Father's last name a Court Order is needed

Reminders

- ▶ A registrant can add a name if one is left blank or an initial is used. If an initial is on the original certificate the name must start with that initial.
- ▶ We cannot use a Certificate of Naturalization to change a name. We can use the petition for a name change from a Federal Court. It must have the original certification of a clerk of the court. In addition, the name change must have occurred after the child's birth.
- ▶ All documents must be original or have original certification.
- ▶ A baptismal is the only sacrament document that is accepted. The baptism must have occurred within the first few years of the registrant's life.

Court Ordered Name Change

- You MUST have a court order to change the last name of a child. (Exception – Filing paternity.)
- A certified copy of the court order should be submitted with the name change form.
- The order must include the registrant's original name, date of birth, and place of birth.
- There are court order name change forms at www.texaslawhelp.org. It is up to the court if they will accept the forms and if they will allow the petitioner to represent themselves.

Case 4

- A customer submits a court ordered name change. The court order she submits is certified and lists the customer's date of birth and place of birth, but has her married name listed as the current name and the correction to her name includes a married last name. The customer would only like to make changes to her first name and middle name to match the changes on the court order and keep her maiden name on her birth certificate. She includes a certified copy of her marriage license showing her maiden and married name.
- Accept or Reject?

Answer – Case 4

- **Reject:**
- In order to amend the name on the birth certificate, the court order must exactly identify the record being corrected including the date of birth and full name. We are also only able to correct the name to exactly match what the court orders use to change the name to.

Multiple Name Change Court Orders

- If an individual has obtained several court orders changing their name, VSU will require that each order be filed.
- There are times when VSU will receive a 2nd or 3rd court order but the 1st order was never submitted for filing. For tracking purposes VSU will require the 1st, 2nd and 3rd court orders before the request is processed. There will be a filing fee for each court order filed. All court orders submitted must have the original certification of the court.

Application to Amend Certificate of Death

- The application to Amend Certificate of Death may be used to correct an item left blank or to correct errors made during the completion of the original death certificate.
- Most can be corrected by the original informant or funeral director.
- Corrections to medical information must be done by the medical certifier by filing a medical amendment.

Mail application, supporting document(s), and the statutory filing fee of \$15.00 to the address below. This fee does not include the cost of a certified copy of the record after the amendment is filed. Please enclose additional fee of \$20.00 for the first copy of the amendment certificate requested, and \$3.00 for each additional copy.

TEXAS Department of State Health Services
Texas Vital Statistics Department of State Health Services
P.O. BOX 12540 Austin, Texas 78711-2540
APPLICATION TO AMEND CERTIFICATE OF DEATH

Please type or print. NO.

NAME	LAST	FIRST	MIDDLE
STREET ADDRESS		DAYTIME PHONE ()	
CITY	STATE	ZIP	
SIGNATURE			

PART I. ENTER NAME, DATE AND PLACE OF DEATH, AND NAMES OF PARENTS AS INFORMATION APPEARS ON DEATH CERTIFICATE.

1. FULL NAME OF DECEASED	2. DATE OF DEATH
3. PLACE OF DEATH (City or County)	4. SEX
5. STATE OR LOCAL FILE NO. (if known)	6. FULL NAME OF FATHER
7. FULL MARDEN NAME OF MOTHER	

PART II. ITEM(S) ON ORIGINAL DEATH CERTIFICATE TO BE CORRECTED.

8. ITEM OR ITEM NO.	9. ENTRY ON ORIGINAL CERTIFICATE	10. CORRECT INFORMATION
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AFFIDAVIT OF PERSONAL KNOWLEDGE
PART III. THIS SECTION MUST BE SIGNED BY THE INFORMANT, PHYSICIAN, OR FUNERAL DIRECTOR WHO SIGNED THE ORIGINAL DEATH CERTIFICATE. THIS SECTION MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

STATE OF TEXAS, COUNTY OF _____
Before me on this day appeared _____ (Name of Affiant)
now residing at _____ (Street Address) _____ (City)
_____, who is related to the deceased named in Item 1 above as _____ (State)
and who on oath deposes and says that the death certificate identified in Part I is in error with respect to the entries shown in Item 9 above and that the information shown in Item 10 is true and correct.
Signature _____
Sworn to and subscribed before me, this day of _____, 20____.
Signature of Notary Public _____

PART IV. LIST OF DOCUMENTS SUBMITTED WITH THIS APPLICATION
(See Parts V and VI on separate tabs.)

Commission Expires
Typed or Printed Name
Street Address
City and State

OFFICE USE ONLY

WARNING: THIS IS A GOVERNMENTAL DOCUMENT. TEXAS PENAL CODE, SECTION 37.16, SPECIFIES PENALTIES FOR MAKING FALSE ENTRIES OR PROVIDING FALSE INFORMATION IN THIS DOCUMENT.
VS 172 Rev 05/2009

Correcting the Date of Death

Effective 10-1-2010

The Date of Death should be amended through TER. If the medical certifier is unable to use TER, the date of death will only be corrected by using the Medical Certification form.

The Medical Certification (VS-174) form must be properly completed.

Note: Applications to Amend that are received by VSU requesting the date of death be corrected will be returned.

Correcting Name of Parent

If a parent of the decedent's name is completely different from the name on the death record, a certified copy of the decedent's birth record is required as a supporting document.

Case 5

- A funeral home submits an amendment application to change the city of death from Teague to Dallas.
- Accept or Reject?

Answer: Case 5

- **Reject:**
- Teague and Dallas are in different registration districts. You can only amend the city when both cities are in the same registration district.

Case 6

- ▶ The informant submits a notarized amendment application to correct the date of birth on a death certificate.
- ▶ Accept or Reject?

Answer – Case 6

▶ **Reject:**

- ▶ A supporting document is required to amend the date of birth on a death certificate -- the document must be certified. A certified copy of a birth certificate, an elementary school record, or a baptismal would be excellent documents. You can contact an amendment specialist to determine if a document is acceptable.

Disinterment Permits

- Disinterment Permits are issued by State Vital Statistics to authorize disinterring and reintering a body within the State of Texas.
- A Disinterment Permit is not required if a body is to be disinterred and reinterred in the same cemetery.
- The Application for a Disinterment Permit must be signed by the licensed funeral director or embalmer responsible for the disinterment and submitted with the three (3) part Consent Form.
- The Consent Form consists of the signatures of the cemetery owner, the plot owner, and the closest living next of kin of the decedent.

Disinterment Permits Cont.

- Since cremation is considered final disposition, a disinterment permit is not required to remove or transport cremains.
- You can obtain a disinterment permit when cremains are moved.
- We must have original signatures on each of the three parts.
- If we do not have the three signatures a court order is required.
- A Disinterment Permit can be issued even though a death certificate was never filed with State Vital Statistics, Austin, Texas.
- A Disinterment Permit is good for one year.

APPLICATION FOR DISINTERMENT PERMIT

Please print or type

1. Full Name of Deceased: _____
2. Date of Death: _____
month day year
3. Place of Death: _____
city county state
4. Place of Interment: _____
a. Cemetery _____
b. Section Block Lot Space Unknown
c. City County State
5. Place body is to be reinterred: _____
a. Cemetery _____
b. Section Block Lot Space Unknown
c. City County State
6. Funeral Director: _____
a. Name _____
b. License Number _____
c. Name of Funeral Home _____
d. Address of Funeral Home _____
e. Telephone Number () - _____
7. As a basis for this application, I state that I will, in the disinterment of this body, abide by and obey the State Statutes of Texas, local ordinances, and regulations of the cities and counties in which the disinterment and reinterment are to take place. I further state that to my knowledge, there is no legal impediment to the disinterment and I have enclosed the required permission of all parties involved.

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to \$10,000. (Chapter 195.003, Health and Safety Code)

date

signature of Funeral Director

This application, the consent form(s) and the \$25.00 fee must be sent to:

Vital Statistics Unit
Department of State Health Services
P.O. Box 12040
Austin, TX 78711-2040

This fee rate was set by the Texas Board of Health and not by the Texas Legislature.



OFFICIAL USE ONLY:

Date Approved: _____

Date Issued: _____

State File Number: _____ signature of State Registrar

CEMETERY CONSENT FORM

I (We) hereby give our consent for the disinterment and removal of _____ who is buried in _____.
(Name of Deceased) (Plot & Block)
Our records indicate that the plot owner(s) is/are _____.

Signature Date

Title

Name of Cemetery

PLOT OWNER CONSENT FORM

I (We) hereby certify that we are the owner(s) of record _____ (Plot)
in _____ either by purchase or inheritance and we hereby
give our permission of the disinterment of _____ who is buried
in that plot.

Signature of Owner Date

Address

Phone Number

NEXT-OF-KIN CONSENT FORM

I hereby certify that I am the _____ of _____.
(Relationship) (Name of Deceased)
There are no other living relatives that precede me in the degree of kindred; and I give my
permission for the body to be disinterred and moved to _____.
(Name of Cemetery Where Body is to be Interred)

Signature Date



Thank You!



Any Questions?